



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/05/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYR000072694
INSTALLATION NAME	→	FREINDS OF CROWN HEIGHTS
INSTALLATION ADDRESS	→	36 FORD ST BROOKLYN, NY 11213
MAILING ADDRESS	→	36 FORD ST BROOKLYN, NY 11213

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY, 22<sup>nd</sup> Floor  
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH

TO: MARINO, ANTHONY  
MEMBER OF LLC  
36 FORD ST  
BROOKLYN, NY 11213



Please print or type with ELITE

To avoid delays in processing, please complete all sections  
Only original signature of the Generator is acceptable.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

NYR000007-2694

II. Name of Installation (Include company and specific site name)

FRIENDS OF CROWN HEIGHTS

III. Location of Installation Requires Building Number

Street

36 FORD STREET

Street (Continued)

City of Town

BROOKLYN

State

Zip Code 11213

NY

11213

County Name

KINGS

IV. Installation Mailing Address

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

MARINO ANTHONY

Job Title

Phone Number (Area Code and Number)

MEMBER OF LLC 718 9172 9500

VI. Installation Contact Address

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership

A. Name of Installation's Legal Owner

M&W LLC

Street, P.O. Box, or Route Number

18-21 126th STREET

City or Town

State

Zip Code

COLLEGE POINT NY NY 11356

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Yes

718 445 9444 P P Yes No

From: Jack Hoyt, AWM, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106

Address Verified US Post office (93)

COMPLETE ALL ITEMS



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☒ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

## Mode of Transportation

- ☒ 1. Air  
☒ 2. Rail  
☒ 3. Highway  
☒ 4. Water  
☐ 5. Other - specify

## 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Use of Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter  
☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process  
☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

## 1. Ignitable (D001)

☐

## 2. Corrosive (D002)

☐

## 3. Reactive (D003)

☐

## 4. Toxicity Characteristic

☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D00108
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL GENERATOR

Name and Official Title (Type or print)

Date Signed

Anthony MarinoAnthony Marino, MEMBER/Owner6/14/99

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)